

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: FEB. 17, 2022 Case Number: 22-89

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Sandra Snyder DVM
Premise Name: Augusta Ranch Animal Hospital
Premise Address: 2721 S. Ellsworth Road, Suite 101
City: Mesa State: AZ Zip Code: 85209
Telephone: (480) 380-6710

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: James Shelby
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Bear
Breed/Species: Shih Tsu
Age: 12 Sex: Male Color: Tan

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Sandra Snyder DVM License # 3110
2721 S. Ellsworth Road, Suite 101
Mesa, AZ 85209

480 380-6710

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Jean Whitman-Shelby

[REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: James Shelby

Date: Feb. 12, 2022

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On January 11, 2022 we brought Bear to the Augusta Animal Hospital because he had been shivering and panting for two days and had to have a blanket on him to get warm. Dr. Snyder examined Bear and thought that he had valley fever and was in pain. She took a blood sample to send in to a lab for the valley fever test that would take 5 or so days to get the results back for. She also took an Xray of Bear's back which she said appeared just fine. She did blood work on Bear which showed his red blood cells were low and white blood cells were high. She prescribed an antinflammatory, Meloxidyl, to ease Bear's pain and sent us home. At the time, Bear did not appear to be in any pain that we could observe, and Dr. Snyder said "my spine should look so good".

Initial thoughts, Bear did not to have any of the symptoms of Valley Fever. I have no idea why a Xray of his back was called for, because he was not in pain.. We deferred to the vet's professional knowledge, she seemed quite sure of Valley Fever.

In doing some research on Valley Fever we noted that a urinalysis was also recommended, so on January 13th, at our request, we took bear back to Augusta and it was done. This was done under the supervision of Dr. Kimberly Shaird. The urinalysis results showed no problem related to Valley Fever.

On January 17th we received a phone call from Augusta Ranch that the valley fever test had come back and that is was negative, he did not have the fever. Because Bear's blood test indicated that he had some sort of an infection, at this time we requested a script for a broad spectrum antibiotic. The request was denied but a renewal of the Meloxidyl was offered.

At this point we contacted our home town vetrenarian , Dr. Tracy Nyberg, who has been seeing Bear for two years and talked about wat was going on and the test results. Dr. Nyberg sugested further testing and an antibiotic. She was concerned with Bear having to havew lost 1/2 pound weight in a short period of time. We again called Augusta Ranch Animal Hospital and requested a broad spectrum antibiotic based upon our home town vet's advi ce, it was again denied.

On the evening of 1-19-2022 Bear became disoriented, pacing, falling down repeatedly while pacing and appeared to have lost his sight since he numerous times walked into objects. After several hours of this it was clear that he was not getting any better. We held him in his blanket and he was shaking and convulsiving. It became clear to us that Bear was beyond miserable. At midnight we called Augusta Ranch, their after hour recording suggested two 24 hour hospitals of which 1st. Pet center was one of. We called 1st. Pet and they told us to bring Bear in immediately. In consultation with thier vet the decision was made to euthanize Bear, which was done at around 1:30 am.

Our after the fact observation was a one track diagnosis of Valley Fever which when the test came back as negative no further inquiry as what was infecting Bear and the steps necessary to cure his illness. Two times we requested antibiotics and were denied.

Jim and Jean Shelby

22-89
22-90

March 1, 2022

In re: 22-89 (Sandra Snyder)

Narrative account of my position with respect to the events associated with this inquiry.

On January 11, 2022, Bear was presented to Augusta Ranch Animal Hospital with the complaint of shaking and panting. Physical exam was unremarkable in general. His temperature and other vital signs were normal. At the time of the exam, Bear was not trembling and was not in distress. He did not appear to be in pain, but seemed sensitive upon palpation of the lumbar spine. Intervertebral disc disease (IVDD) was initially suspected. Radiographs and a standard CBC / Chemistry were ordered to begin to build a diagnostic database.

The radiographs showed no narrowing of any intervertebral disc spaces, and no sign of spondylosis or other arthritic changes were identified upon the spinal radiographs. I was impressed at how good the spine looked on a geriatric aged Shih-Tzu, as most of the radiographs I see on a dog this age have some degree of spondylosis or evidence of past instability. I did comment regarding the clean spine and noted in the medical record that "overall rads are very good".

The CBC revealed a marginal non-regenerative anemia, and a mild monocytosis. The neutrophil count was within normal limits and there was no indication of band cells. The Chem panel revealed a hyperglobulinemia. All these results suggest a chronic inflammatory process. Cocci must be considered in this geographic area, with that kind of lab results, clinical signs and vague exam findings. The diagnosis was open and other differential diagnoses were considered, such as: IVDD (despite good spinal rads), some other soft tissue injury, neoplasia, immune mediated disease, seizure activity, open.

I ordered a Valley Fever screen and titer, but the owner was reluctant. I explained to the owner the importance of checking for valley fever with the presenting clinical signs and lab results. After some convincing, the owner agreed to the test. This may be why they misunderstood my intentions and mistakenly believed that Cocci was the only differential diagnosis. It was not.

I prescribed the anti-inflammatory, Meloxicidyl as IVDD or a soft tissue injury was still a possibility despite the normal rads, and the dog was tender on palpation of the lumbar spine. I also knew an anti-inflammatory would help against the chronic inflammatory process indicated by the Monocytosis and hyperglobulinemia while we awaited the cocci results.

The owner called the following day to report that Bear was experiencing paraphimosis. I talked them through how to help replace the penis into the prepuce and advised them to call us back if they were unable to replace it and we could fit him in the same day to replace it. I did not hear back that day, so I assumed they were successful.

The owner called again the following day, January 13, 2022, and reported that Bear was laying under a blanket and not moving around much and not eating. The owner also indicated that she was considering euthanasia. Our clinic was quick to get him in to be seen by Dr. Kimberley Shaird on the same day despite a full schedule. Again the patient was normothermic. Appropriate modifications

were made to his medication, and the treatment was successful as reported by the client. When the client was called back by our staff, they reported that he was eating well and that they felt much better about him and they had no further questions.

When the cocci screen and titer results were returned as negative, I called the owner to report the good news to them. While speaking to them, I was told that the Bear was back to normal; indicating that the condition had resolved and that medical treatment was no longer requested nor necessary.

During our last two communications with the client, they reported that treatments had been successful and they gave no indication that there were any further concerns. After the two follow up calls, both indicating that the patient's condition had resolved, I felt that we as a practice, and as individual practitioners, clearly met the standard of care.

In closing, I would like to express my sympathy to Mr. and Mrs. Shelby. Losing a pet under any circumstances is never easy. It causes grief, and a natural part of the grieving process is to try to find reason, cause or blame. I understand and empathize with the emotions that prompted them to file a complaint. However; I feel that the complaint is based more on emotion rather than on any valid fact or medical reason. After reading the complaint, it appears that the client is upset that antibiotics were not prescribed.

All too often the lay person, without the benefit of medical education, believes that antibiotics are a magic silver bullet that will resolve any illness or problem. We medical professionals know that is not true. Please see the attached articles published by the CDC, NIH, WHO, and AVMA regarding the overuse of antibiotics by veterinarians and the public health threat they pose to humans and animals alike.

Antibiotics must be judiciously used and carefully selected based on the specific bacteria suspected or cultured. Veterinarians must consider the type of bacteria, cocci or rod, gram positive or gram negative, as well as the organ or tissue the pathologic bacteria is suspected of infecting. The antibiotic is selected based on the tissue penetration properties and antimicrobial spectrum of the antibiotic. In this case, there was not an indication to use antibiotics and there is no evidence that a decision not to prescribe antibiotics caused whatever episode or event that led to the clients deciding on euthanasia.

In fact, it is unclear if the episode leading to Bear's late night emergency clinic visit was related to the concern for which the patient was initially presented to Augusta Ranch Animal Hospital or something new. No diagnostics were done at the emergency clinic and the owner opted for euthanasia rather than a diagnostic workup. A necropsy was not performed and the actual etiology remains unknown.

I would like to thank the board for their time and investigation into this case. We as a veterinary community all care deeply about every patient we treat. I have reviewed the case, and discussed it with the medical director of our practice. We have found no medical errors and I feel it is appropriate to dismiss this case with no violation or disciplinary action.

Sincerely,

Sandra Snyder DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Carolyn Ratajack - **Chair**
Christina Tran, DVM
Robert Kritsberg, DVM
Jarrod Butler, DVM
Steven Seiler – **Absent**

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-89
Complainant(s): James Shelby
Respondent(s): Sandra Snyder, DVM (License: 3110)

SUMMARY:

Complaint Received at Board Office: 2/17/22
Committee Discussion: 7/12/22
Board IIR: 8/17/22

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised September
2013 (Yellow).

On January 11, 2022, "Bear," a 12 year-old male Shih Tzu was presented to Dr. Snyder due to shaking and panting. The dog was examined, blood was collected for testing and radiographs were performed of the dog's spine. No obvious abnormalities were noted. Dr. Snyder recommended testing for Valley Fever, Complainant reluctantly agreed, and the dog was discharged with meloxidyl.

On January 13, 2022, the dog was presented to Dr. Shaird with paraphimosis and a decreased appetite. The paraphimosis was addressed. Complainant was putting the meloxidyl in the dog's food therefore food aversion was suspected – it was recommended to give the medication directly into the dog's mouth.

The following day, Complainant's wife reported the dog was eating well.

On January 18, 2022, Dr. Snyder called to report the Valley Fever titer was negative. Complainant's wife advised that the dog was back to normal.

On January 19, 2022, the dog was taken to an emergency facility for humane euthanasia.

Complainant was noticed and could not be reached.

Respondent was notified and appeared with attorney, W. Reed Campbell.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *James Shelby*
- Respondent(s) narrative/medical record: *Sandra Snyder, DVM*

PROPOSED 'FINDINGS of FACT':

1. On January 11, 2022, the dog was presented to Dr. Snyder for shaking and panting for two days. The dog was eating slightly less but normal – energy level down. Upon exam, the dog had a weight = 9.87 pounds, a temperature = 101.4 degrees, a heart rate = 120bpm and a respiration rate = 30rpm. Dr. Snyder noted the dog had heavy tartar and gingivitis, mild cataracts, and reacted to pressure on the lumbar area. The dog was not trembling at the time of the exam. Blood work and radiographs were recommended; Complainant approved.

2. Blood work revealed:

01/12/22				01/14/22			
11:28 AM							
PCV	45.1%	40% - 55%		45%	40% - 55%		
Glucose	86	70 - 143 mg/dL					
DEXA SODIA	17	0 - 14 mg/dL					
Creatinine	1.1	0.5 - 1.8 mg/dL		1.1	0.5 - 1.8 mg/dL		
BUN	18	7 - 27 mg/dL		18	7 - 27 mg/dL		
BUN: Creatinine Ratio	16			16			
Phosphorus	3.9	2.5 - 6.0 mg/dL		3.9	2.5 - 6.0 mg/dL		
Calcium	9.4	7.9 - 12.0 mg/dL		9.4	7.9 - 12.0 mg/dL		
Sodium	155	144 - 160 mmol/L		155	144 - 160 mmol/L		
Potassium	4.0	3.5 - 5.0 mmol/L		4.0	3.5 - 5.0 mmol/L		
Na/K Ratio	38			38			
Chloride	117	109 - 122 mmol/L		117	109 - 122 mmol/L		
Total Protein	6.0	5.2 - 6.2 g/dL		6.0	5.2 - 6.2 g/dL		
Albumin	3.0	2.2 - 3.0 g/dL		3.0	2.2 - 3.0 g/dL		
Globulin	3.0	2.5 - 4.5 g/dL		3.0	2.5 - 4.5 g/dL		
Albumin: Globulin Ratio	0.9			0.9			
ALT	50	10 - 125 U/L		50	10 - 125 U/L		
ALP	150	25 - 212 U/L		150	25 - 212 U/L		
GGT	5	0 - 11 U/L		5	0 - 11 U/L		
Bilirubin - Total	0.3	0.0 - 0.9 mg/dL		0.3	0.0 - 0.9 mg/dL		
Cholesterol	157	110 - 220 mg/dL		157	110 - 220 mg/dL		
Amylase	774	500 - 1,500 U/L		774	500 - 1,500 U/L		
Lipase	347	200 - 1,000 U/L		347	200 - 1,000 U/L		
Crystallinity	307	mmol/Lg		307	mmol/Lg		
PLT	17	15 - 40 x 10 ³ /mm ³		17	15 - 40 x 10 ³ /mm ³		
WBC	13,800	6,000 - 16,000/mm ³		13,800	6,000 - 16,000/mm ³		
% Neutrophils	77.8	%		77.8	%		
% Lymphocytes	12.2	%		12.2	%		
% Monocytes	8.0	%		8.0	%		
% Eosinophils	0.6	%		0.6	%		
% Basophils	0.4	%		0.4	%		
Neutrophils	10.84	2.85 - 11.84 x 10 ³ /mm ³		10.84	2.85 - 11.84 x 10 ³ /mm ³		
Lymphocytes	1.70	1.05 - 6.10 x 10 ³ /mm ³		1.70	1.05 - 6.10 x 10 ³ /mm ³		
Monocytes	1.26	0.18 - 1.12 x 10 ³ /mm ³		1.26	0.18 - 1.12 x 10 ³ /mm ³		
Eosinophils	0.11	0.00 - 1.25 x 10 ³ /mm ³		0.11	0.00 - 1.25 x 10 ³ /mm ³		
Basophils	0.03	0.00 - 0.10 x 10 ³ /mm ³		0.03	0.00 - 0.10 x 10 ³ /mm ³		
Platelets	250	140 - 400 x 10 ³ /mm ³		250	140 - 400 x 10 ³ /mm ³		
PDW	9.4	8.1 - 15.4 %		9.4	8.1 - 15.4 %		
MPV	10.3	6.7 - 13.3 fL		10.3	6.7 - 13.3 fL		
Plateletcrit	0.30	0.14 - 0.48 %		0.30	0.14 - 0.48 %		

3. Radiographs of the dog's spine revealed apparent thickening of L-1 vertebral body – no narrowing of any disc spaces or spondylosis. Very mild hip dysplasia of the left hip but no secondary changes – overall radiographs were very good.

4. Due to the blood results being consistent with an inflammatory process, suggestive of cocci, Dr. Snyder recommended testing for Valley Fever. Complainant reluctantly agreed. Dr. Snyder provided an estimate for a dental cleaning and the dog was discharged with meloxicam while waiting for the Valley Fever titer.

5. The following day, Complainant called to report the dog's penis was stuck out and was licking obsessively. Dr. Snyder advised Complainant to lubricate the dog's penis and gently and firmly slide the skin back up over the penis until normal. If Complainant was unable to replace it, they were instructed to call back so they could schedule the dog to be seen.

6. On January 13, 2022, Ms. Shelby called to report that the dog was lying under the blanket and not moving around as much and not eating. She indicated that they were considering euthanasia. Despite a full schedule, a same day appointment was made to be seen by Dr.

Snyder's associate, Dr. Shaird.

7. Later that day, Ms. Shelby presented the dog to Dr. Shaird. Dr. Shaird stated in her narrative that the dog was presented for an urgent exam due to the dog's penis being stuck out and decreased appetite. Complainant was putting the liquid meloxidyl into the dog's food therefore there was a concern for food aversion. Dr. Shaird went over the dog's previous history, and then discussed the dog's paraphimosis with Ms. Shelby.

8. According to Complainant, they did research online regarding Valley Fever. He noted that a urinalysis was also recommended; therefore they brought a urine sample in to be tested. The urine was tested and no evidence of bacteria, protein, or crystals. Dr. Shaird stated in her response that she assumed the urine sample was brought in due to the dog's paraphimosis as she was not given another reason.

9. Dr. Shaird addressed the pet owner's concern about the decreased appetite. Ms. Shelby reported that she placed the meloxidyl in the dog's food once and he ate it fine so she continued to do so. Dr. Shaird explained that some pets are sensitive and can develop a food aversion – they may not want to eat the food they were eating due to the medication in it. Ms. Shelby was instructed to give the medication directly into the pet's mouth. Dr. Shaird recommended offering the dog whatever he would eat, including a bland diet, to get him back to his normal appetite. She could then slowly transition back to the dog's normal diet. Ms. Shelby agreed and elected to try canned recovery diet to help the dog eat.

10. Ms. Shelby asked about the radiographs and blood work that were performed on January 11th. Dr. Shaird showed her the radiographs and advised that the Valley Fever titer was still pending, but there were some markers on the blood work that could indicate Valley Fever. Ms. Shelby was satisfied with the conversation and had no further questions.

11. On January 14, 2022, premises staff called to check on the status of the dog. Ms. Shelby advised staff that she was out of state but Complainant told her the dog was eating voraciously. The dog was getting the medication directly without putting it in food and was eating cooked ground turkey and gravy mixed with dry kibble.

12. On January 18, 2022, Dr. Snyder called Ms. Shelby with the negative Valley Fever results. Ms. Shelby reported the dog was back to normal.

13. According to Complainant, when they were advised that the Valley Fever test was negative, an antibiotic was requested but the request was denied. A refill of the meloxidyl was offered. Complainant stated they reached out to their previous vet in another state who recommended further testing and an antibiotic. The premises was called again to request an antibiotic and was again denied.

14. On January 19, 2022, Complainant reported that the dog became disoriented, pacing, falling over, and appeared blind. After several hours, the dog began shaking and convulsing. The dog was presented to 1st Pet Veterinary Centers for humane euthanasia without an exam.

The medical record reads that the dog had a history of seizures, vomiting and diarrhea. The dog was humanely euthanized.

COMMITTEE DISCUSSION:

The Committee discussed that the medical record were in order, Dr. Snyder correctly recommended checking a Valley Fever titer. There were no signs of an infection – it was possible that Complainant confused infection and inflammation.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division